

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/624,445-Conf. #6446
	Filing Date	July 22, 2003
	First Named Inventor	Alan COX
	Art Unit	2154
	Examiner Name	A. B. Patel
	Attorney Docket No.	0113715.00134US1

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:
OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone				Email	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
☐ Assignee of record of the entire interest.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ Attorney or agent of record. Registration Number 40,056.
☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Signature /Monica Grewal/Typed or Printed Name Monica GrewalDate April 9, 2007Telephone (617) 526-6000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 9, 2007

Electronic Signature for Monica Grewal: /Monica Grewal/